

FINANCIAL AFFIDAVITCJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES

 MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF

U.S. vs. PASCHOL

PERSON REPRESENTED (Show your full name)

MOTTO PASCHOL

CHARGE/OFFENSE (describe if applicable & check box →)

18 USC

FOR

RECEIVED
AT

NOV 15 2007

MAGISTRATE JUDGE NAN B. NOLAN
UNITED STATES DISTRICT Felony Misdemeanor

- 1 Defendant - Adult
 2 Defendant - Juvenile
 3 Appellant
 4 Probation Violator
 5 Parole Violator
 6 Habeas Petitioner
 7 2255 Petitioner
 8 Material Witness
 9 Other (Specify) _____

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

07cr752

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY-
MENTAre you now employed? Yes No Am Self Employed

Name and address of employer: 124

IF YES, how much do you earn per month? \$ 350 /wt IF NO, give month and year of last employment
How much did you earn per month? \$ _____If married is your Spouse employed? Yes No

IF YES, how much does your Spouse earn per month? \$ NO If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____

ASSETS

OTHER
INCOMEHave you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? Yes No

RECEIVED

SOURCES

IF YES, GIVE THE AMOUNT

RECEIVED & IDENTIFY \$

THE SOURCES

CASH

Have you any cash on hand or money in savings or checking account Yes No IF YES, state total amount \$ _____PROP-
ERTYDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

VALUE

NOV 15 2007

DESCRIPTION

IF YES, GIVE THE VALUE AND \$

DESCRIBE IT

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

OBLIGATIONS
& DEBTS

DEPENDENTS

- SINGLE
 MARRIED
 WIDOWED
 SEPARATED OR DIVORCED

Total
No. of
Dependents

2

List persons you actually support and your relationship to them

DEBTS &
MONTHLY
BILLS(LIST ALL CREDITORS,
INCLUDING BANKS,
LOAN COMPANIES,
CHARGE ACCOUNTS,
ETC.)APARTMENT
OR HOME:

Creditors

Total Debt

Monthly Payt.

\$ 2,000

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 17.17.07

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

D. W. ROBERT